U.S. Department of Justice

PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

IN A INCIDEN							COUNT CLOCKS	AADED		
PLAINTIFF RALPH RODRIGUEZ							COURT CASE NUMBER 22-cv-02198 (PMH)			
DEFENDANT							TYPE OF PROCESS			
EDWARD BURNETT, ET AL.							Summons & Complaint			
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIP										
SERVE S	***************************************	Sally A. Reams, Supervisor of Inmate Grievance Program								
AT \	ADDRESS Fishkill (<i>(Street or RFD.</i> Correctional	<i>Apartment No.</i> . (Facility, 18	Tity: State and Z. Strack Drive	<i>IP Code)</i> e. Beacon. N	Y 12508-030	07			
AT ADDRESS (Street or RFD. Apartment No., City, State and ZIP Code) Fishkill Correctional Facility, 18 Strack Drive, Beacon, NY 12508-030 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW							Number of process to be			
Ralph Rodriguez, DIN: 17A0928							served with this Form 285 Number of parties to be			
Fishkill Correctional Facility							served in this case			
P.O. Box 307 Beacon, NY 12508							Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Busin										
All Telephone Numbers,	and Estimate	ed Times Availa	ble for Service):							
Signature of Attorney other Originator requesting service on behalf of: TELEPHON							NUMBER DATE			
S. Harrold DEFENDANT DEFENDANT							, remoral			
								6/8/2022		
	PACE BE	LOW FOR	USE OF U.S	MARSHAI	. ONLY - DO	NOT WRIT	E BELOW TH	IS LINE		
Hacknowledge receipt for the total number of process indicated. I total Process District of District to Signature of Authorized USM Origin Serve							• •			
(Sign only for USM 285 i)	1 1 1 2 1						6/8/12		12	
Thereby certify and return		ave personally s	***************************************		」 <i>V</i> t'service, □ ha	ive executed as sl	nown in "Remarks", t			
individual, company, corp	poration, etc.,	at the address s	hown above on t	he on the individ	ual. company, co	rporation, etc. sh	own at the address in			
☐ I hereby certify and re	***************************************			company, corpo	ration, etc. name	d above (See rem	7			
Name and title of individual served (if not shown above) PeoO(1) Peo(10) 12 TVT							61012Z	1 ime 2 30	∏ am D ⊅pm	
PENMY REYPORTS - INC Address (complete only different than shown above)							Signature of U.S. N		ALL PARTY	
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REMARKS					··· *					
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